

**Dane County SSI MC
Quality Assurance Workgroup
Minutes 4/13/05**

Present: Joyce Allen, Division of Disability and Elder Services (DDES) Co-Chair, Dr. Michelle Urban, Division of Health Care Financing (DHCF) Co-Chair, Ruthanne Landsness, APS, Dan Netzel, MetaStar, Sarah Way-Messer, CLA, Tom Lawless, APS, Dr. Ron Diamond, DDES/MHCDC, Peg Algar, DHCF.

Excused: Lesly Oxley, TMG, Molly Cisco, Grass Roots Empowerment Project, Jennifer Lowenberg, NAMI, Wendy Kilbey Warren, GREP, Peggy Michaelis, MHCDC, Mary Olen, The Management Group (TMG), David LeCount, DCDHS, Jeff Erlanger, Todd Costello, CLA, David Sievert, CLA/TMG.

I. Review of the Minutes

No edits were suggested to the minutes. They were accepted and will be posted on the web page, along with other documents from our workgroup. The web page address is: <http://dhfs.wisconsin.gov/medicaid7/index.htm#medicaid>

II. Issues Log

- It is yet to be determined whether data collected through the mental health functional screen will be used in place of a portion of the HSRS data that the county is now submitting to the State.
- Enrollment is scheduled to begin in July of 2005. Ramp up will start up slowly with 25 enrollees per month. Twenty of the enrollees will be mandatory and randomly assigned and five slots will be available for voluntary enrollees. Of the first 75 enrollees over the first three months, 60 will be mandatory and 15 will be voluntary slots. Ramp up will then increase to 150 enrollees each month for three months and 200 enrollees per month thereafter. The total possible enrollment for the program will be 4,125 enrollees with 75% being mandatory and 25% being voluntary.

Comments:

- ✓ Relevant data for several of the quality indicators could be captured through the long term functional screen. Are the long term care functional screen and MH functional screens going to be required or optional?

Per Mike Fox, the SSI Managed Care plans will not be required to complete a LTC functional screen on new members.

- ✓ HSRS currently includes outcome data relevant to persons with MH/AODA diagnoses.
- ✓ Predictive modeling may be used to stratify enrollees toward the appropriate screens.
- ✓ CLA is also proposing a telephone assessment for all new enrollees which could help to determine whether an enrollee should be referred to the Dane Co. MH Complex (where a MH functional screen could be done if indicated). In addition, if significant physical disability and/or chronic illness(es) are recognized during the initial assessment, CLA could refer the person for a LTC functional screen if indicated.
- ✓ Joyce Allen noted that the LTC Functional Screen was designed with several goals in mind, including determining eligibility, providing information relevant to rate setting, and as a source of data that could be used in quality assessment and improvement.

III. Edits to the Quality Indicators Grid

- A specially designed SSI version of the CAHPS survey is being developed by APS. They will be collecting baseline CAHPS data from a FFS sample in Dane County later this year.
- Goal 1, Ind. #9 - Need to check with Dane County on whether this data is available.
- Goal 1, Ind. #19 - Emergency Detox Admissions - This information may not be easy to isolate in the Meddic Inpatient Care measure; will need to review the specifications.
- Goal 1, *22-25 - We are currently unable to define the physically disabled subpopulation in our database. Therefore, we will leave these indicators as “phase-in” indicators.
- Goal 2, Ind. #32 - Need to check with Dane County on whether this data is available.
- Goal 2, Ind. #37 - Need to check with Dane County on whether this data is available.
- Goal 2, Ind. #33 and 34 - Combine these two indicators together. “Dental encounters” will include preventive care visits.
- Goal 2, Ind. #40 - Need to check with Dane County on whether this data is available.
- Question: Regarding the 60 days that the MCO/provider has to do an assessment, the initial assessment needs to be defined.

- Goal 2, Ind. #47 - How would this indicator be measured? Consider for phase-in if technical specifications can be developed
- Goal 2, Ind. #55 - Medicare Part D might affect this indicator. Could define this indicator for Medicaid only persons. Consider for later phase-in.
- Goal 2, Ind. #56 - Need to check with Dane County on whether this data is available.
- Goal 2 Ind. #57-60 - Need to ask APS whether the technical specifications can be defined based on existing MEDDIC measures.
- Goal 4, Ind. 3-#64 - Is there a WPP standard critical incident report format that we can review to see if it might be applicable to the SSI population? Consider this for the EQRO review of critical incident reporting (process measure).

IV. Data Sharing Issues

- CLA has been having discussions about data sharing with the County. The BIS team has developed specifications for the encounter data. One suggestion is that the MH Center could submit their data to the State (BIS) and then CLA could have access to it. The County and CLA will need some type of memorandum of understanding regarding data sharing. This agreement has yet to be finalized.
- CLA is reviewing internal process and quality indicators to meet agency needs with the Mental Health Center of Dane County. Examples include: adequacy of provider network, timeliness of MH services, communication flow, etc.

V. Next Steps and Adjourn

The Next Dane SSI MC Quality Assurance Workgroup is scheduled for:

**May 11, 2005
2:30 pm – 4:00 pm
TMG Conference Rm Suite 320
1 S. Pinckney Street
Madison, WI**